

Comparison of the Hospital Questionnaire and the 2006 MMAS-8

From ¶ 105 of the Amended Complaint

1. Do you sometimes forget to take your ~~<health-condition> pills~~prescription cholesterol medication?
2. People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your ~~<health-condition> medicine~~prescription cholesterol medication?
3. Have you ever cut back or stopped taking your prescription cholesterol medication without telling your doctor, because you felt worse when you took it?
4. When you travel or leave home, do you sometimes forget to bring along your ~~<health-condition>~~prescription cholesterol medication?
5. Did you take all your ~~<health-condition> medicine yesterday~~prescription cholesterol medication last time you were supposed to take it?
6. When you feel like your ~~<health-condition> issymptoms are~~ under control, do you sometimes stop taking your ~~medicine~~prescription cholesterol medication?
7. Taking medication everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your ~~<health-condition>~~cholesterol treatment plan?
8. How often do you have difficulty remembering to take all your prescription medications to lower your cholesterol level? (Never/Rarely, Once in a while, Sometimes, Usually, ~~All the time~~ALL THE TIME)

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